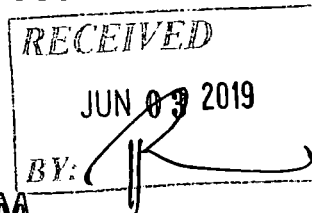


#2

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 3, 2019

Case Number: 19-07

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: ADAM POLOSETSKI, DVM
Premise Name: IRONWOOD VETERINARY CLINIC
Premise Address: 2632 S. AVE B
City: YUMA State: AZ Zip Code: 85364
Telephone: 928-726-5432

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: DAVID FRANCIS
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: PRETTY-GIRL

Breed/Species: BLK LAB / SHAR PEI

Age: JAN 2008 / 11 Sex: SPAYED (F) Color: BLACK

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

LUCY KOPECNY BVSc (HON) DACVIM
Small ANIMAL INTERNAL MEDICINE
UNIV California DAVIS
530-752-1393

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: D. Francis

Date: MAY / 30 / 2019

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Attached

1.) - Item "F" ALLEGATIONS and/or CONCERNS

2.) - Invoices:

11/04/17 - Inv 1 – 2 pages + blood work

11/18/17 - Inv 2 – 1 page

12/15/17 - Inv 3 – 1 page + prescription, blood work, hand-out.

01/15/18 - Inv 4 – 2 pages + estimate, blood work, Doctor's notes, Radiology report, test results

#####

3.) - Email:

E 1 – 4 pages

E 2 – 4 pages

E 3 – 3 pages

E 4 – 1 page

E 5 – 1 page

E 6 – 2 pages

E 7 – 4 pages

E 8 – 1 page

E 9 – 1 page

E 10 – 2 pages

E 11 – 5 pages

E 12 – 1 page

E 13 – 1 page

E 14 – 1 page

E 15 – 3 pages

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4e) - STATEMENT OF REIMBURSEMENT REQUEST.

ITEM "F" ALLEGATIONS and/or CONCERNS

It was on Tuesday, October 31, 2017 or Wednesday, November 01, 2017 that I noticed swelling on nodules between the eyes and along the nose of my dog. I was puzzled. I didn't know how much concern I should have. Is this serious? Is this short term? I waited overnight. In the morning it was more concerning, the swelling seemed greater. I couldn't get to my vet in Yuma as I had court hearing on Friday. A neighborhood dispute. I popped into Animal Hospital of Havasu and asked how concerned I need to be regarding the facial swelling. I had the dog leashed. I couldn't be seen by a vet at that time, the person at the counter offered that I could leave the dog. I stated that I did not want to leave the dog without first seeing a Veterinarian. The woman who was dressed in scrubs, stated she was "only a desk clerk" and couldn't offer a recommendation as to how much concern I should have regarding my dog's swollen face. I felt her statement was uncomfortably untruthful. As life would have it, this business provided my dog's last rabies shot. When I went into the clinic for rabies shot three year update in November 2018, the tech who examined my dog was the very person who had previously declared that she was "only a desk clerk". Yes, she could be a recent graduate into the position of vet tech, but at her age, I doubted that. I rely on my 30 years experience of operating my own corporations, interviewing thousands for employment, hiring and training about a third of them.

Having gotten no indication as to how concerned I needed to be I dropped the concern, for now.

As soon as my court obligation was concluded on Friday, November 3rd. I drove the dog to Yuma. My plan was to be first in the door Saturday morning November 4th. I was told by phone to do so. This is my dog's favorite clinic. I have been with this clinic since 2009 when I lived in Yuma. The clinic ownership has changed. The staff was always

friendly, helpful and caring. I have tried other clinics in Havasu and Kingman but we were most comfortable at Ironwood in Yuma.

That Saturday morning the staff was extremely helpful in getting my dog seen. The dog was treated according to the invoice provided which included blood work (see INV 1). Invoice does not identify attending doctor, Katie Raper, DVM. There was no conclusion as to the cause of the swelling. Could have been a reaction to a bug bite, who knows? The dog was discharged.

When the dog jumped up into her seat in the truck, the morning sun (Saturday@8:30am) rising at my back in the east illuminated her black face like divine intervention directing me to see the two punctures above her right eye. Could this be the two punctures of a snakebite? I immediately call the young attendants to see what I discovered when the vet found nothing. They took the dog back into the vet. Minutes later returning stating the vet "didn't think it was a snakebite." I was puzzled that the vet said not. Then what could be the cause of her swelling with no other evidence of injury? I went inside and asked what the treatment would be for a "snakebite". I was told it was the same, prednisone and benadryl. I knew we would be well past the time that anti-venom should be administered.

We drove home to Lake Havasu. The next morning the swelling had disappeared and the dog's spirit was jovial, seemed the medication was working. I have since learned the playfulness is the result of prednisone.

I returned to the clinic in two weeks on Saturday, November 18th as the facial swelling had returned with welts and lesions. Treatment was given according to invoice provided (INV 2). Although it wasn't clear what the dog was being treated for.

By the second week in December the dog was lethargic and rejecting food. I was seen at the clinic again on December 15th as invoice indicates. Blood work was repeated for comparison (see INV 3). At that visit I asked the person evaluating my dog if she was an attendant or a veterinarian as she was wearing street clothes with no ID. She apologized and stated that she was indeed a veterinarian. We discussed the dog's condition. I told her that the dog's temperature was up and down. It went down when prednisone was administered. She then stated that her diagnosis of the dog is that of "Shar Pei Fever" for which I was given a hand-out (see INV 3). She continued that there was no test for this and that her diagnosis was based on symptoms. I asked questions whereas she stated that the diagnosis lacked a confirmation test. I stated that I was "not on board" with the diagnosis and needed to do further research. I was given a prescription for colchicine for the purpose of protecting the dog's kidneys from the disease.

Unsatisfied, I left the office wondering what I was going to do about my dog's condition. I researched Shar Pei Fever on the internet to discover many of the physical symptoms expressed were the same as many common ailments. I could review the list myself. First up was the question of heartworm? According to my records the dog should be tested for that possibility. I called the clinic and returned on January 6th for a heartworm test. The staff was agreeable and helpful as always.

It wasn't long after that visit that I received a phone call from the practice managing veterinarian, Adam Polosetski. He told me never to return to his clinic as I was "rude". I disputed that claim with certainty and pointed out that I am advocating for my pet who cannot speak. I further asserted that one cannot offer the "extraordinary" diagnosis of Shar Pei Fever without first testing for more common ailments like heartworm, Lyme disease or desert fever among others with similar expression. I thought it was Dr.

Polosetski who was rude. He was very argumentative and uncaring of my dog. He seemed intimidated by someone who would push him and his clinic to a higher standard. He eventually conceded and agreed to run the group of common tests. We emailed (copies provided). After running a series of test (INV 4), in a phone conversation he stated the he could do no further testing and that I would need to seek a specialist at this point. I thanked him and stated that I would make an appointment to have my dog checked at University California Davis Veterinary School.

I took the dog to UC Davis in late January (30th) as I didn't think she would survive to her February 6th appointment. She was taken in through Emergency on January 30th and hospitalized for several days (February 3rd). Tests were repeated, x-rays, ultrasound and samples of her liver and spleen were taken. They could find no conclusion to her illness. She was released on an anti-fungal (fluconazole) thinking Valley Fever although the blood work was not conclusive on that. Her temperature increased to 104.9°F and was re-admitted (February 8th). The medication was then switched to prednisolone. It was stated that she was being treated for an "unknown" auto-immune disease. The dog was discharged on February 9th. We remained in California for her next scheduled visit on February 22nd. That visit was positive. We remained in California until the dog's next re-check on March 29th. Again the dog appeared to be stabilized and the medication was reduced. It was at this visit the veterinarian stated her illness was most likely the result of a snakebite, as I had declared from the start of treatment.

I returned to Lake Havasu on April 1, 2018.

While my dog recovered at home in April I received a phone call from a "temporary" veterinarian at Ironwood Veterinary Clinic who has an office in Chandler, AZ and Idaho (forgot his name). He was calling as a follow-up. He had reviewed what UC Davis had

shared. I'm not sure what purpose his call really was. Two or three days later I, again, received a phone call from Adam Polosetski telling me that I am "rude" and not to return to Ironwood Veterinary Clinic and that I could pick up my file. I protested his claim of rudeness. I've traveled with this dog for more than 10 years up and down the West Coast visiting veterinarians as needed. The veterinarian experience has always been one of consultation for the best interest of the animal. I've never been subject to having to argue with a provider for the care of my dog.

Daily administration of prednisolone continued through May, June, July, August and into September on a diminishing dosage. I spent the summer in California with the dog. We returned to UC Davis on September 13th. Upon re-check of the dog, the blood work had returned to "normal". Medication was terminated according to schedule. The dog recovered from her ordeal including the effects of the steroid by mid-January 2019. She has returned to health. However, I'm exhausted. At this writing I'm 69 years of age. I live with chronic lymphocytic leukemia (CLL) the experience was enormously stressful, time consuming and costly. I waited to file my concerns with this Board because I wanted to be certain of my dog's complete recovery.

-David Francis

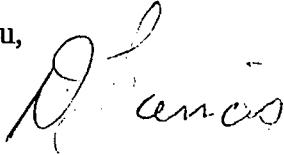
-Pretty-girl (the dog)

Statement of Reimbursement Request:

I spent more than \$1,300.00 at Ironwood Veterinary Clinic after the Veterinarian failed to diagnosis and treat what appeared to be a snakebite. I feel I am due a refund of much of that unnecessary cost.

The expense at University of California Davis to treat my dog due to the incorrect diagnosis and treatment at Ironwood Veterinary Clinic, Yuma, AZ exceeded \$4,700.00. I request reimbursement of some part of all of this expense.

Thank you,

A handwritten signature in cursive script that reads "David Francis".

David Francis


Two horizontal black bars used to redact the signature.

To: Arizona state veterinary medical examining board:

Case Narrative- 19-87.

Written by: Dr. Adam Polosetski

Managing DVM of Ironwood veterinary clinic

In the current case of PRETTY GIRL, I had a single exam for that patient in which we ran multiple testing to try to evaluate the cause of the symptoms- recurrent fever/lethargy, muzzle swelling, responding to steroids but re occur after.

None of the testing showed a cause for the symptoms and the owner was referred at his request to Davis veterinary hospital for examination and diagnosis.

Records were sent to UC Davis at the owner request.

On multiple occasions the owner showed disrespect to my fellow veterinarian, and was verbally abusive.

During my initial interaction with the client I was very patient with Mr. Francis, despite his disrespect for the entire veterinary community as a whole and to specific veterinarians. I tried my best to calm his behavior but when his rudeness/verbal abuse was towards my fellow veterinarians, I didn't see a reason to continue to accept his behavior.

As the Medical Manager at Ironwood, I see it as my responsibility to protect my veterinarians from abusive clients.

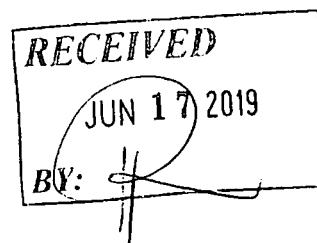
We referred Mr. Francis to a specialist center due to the complex nature of the undiagnosed disease, and we never declined giving medical records (as an example they were faxed to UC DAVIS the day he was referred).

In the medical record all visits/communication are well documented, and I had all typewritten with dates for an organized sequence of events.

Sincerely,

Dr. Adam Polosetski

Managing DVM. Ironwood Veterinary Clinic.





ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Christine Butkiewicz, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General
Mary Williams, Assistant Attorney General

RE: Case: 19-87
Complainant(s): David Francis
Respondent(s): Adam Polosetski, DVM (License: 6536)

SUMMARY:

Complaint Received at Board Office: 6/3/19
Committee Discussion: 8/6/19
Board IIR:

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised
September 2013 (Yellow)

On November 4, 2017, "Pretty Girl," a 9-year-old female Shar Pei/Lab mix was presented to Respondent's associate, Dr. Raper, due to facial swelling. Diagnostics and treatments were performed and the dog was discharged.

The swelling waxed and waned, as did the dog's fever. Dr. Raper suspected Shar Pei Fever and recommended Colchicine. Complainant was not convinced and felt the dog's issues could have been due to a snakebite.

On January 15, 2018, Respondent examined the dog, performed multiple diagnostics and no cause for the swelling and fever was identified.

On January 30, 2018, the dog was presented to UC Davis Veterinary Teaching Hospital. Multiple diagnostics were performed. A definitive diagnosis was not found, but it was suspected that the dog's disease was most likely immune-mediated due to her positive response to prednisolone.

**Complainant was noticed and was available telephonically.
Respondent was noticed and available telephonically.**

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *David Francis*
- Respondent(s) narrative/medical record: *Adam Polosetski, DVM*
- Consulting Veterinarian(s) narrative/medical record: *UC Davis Veterinary Medical Teaching Hospital*

PROPOSED 'FINDINGS of FACT':

1. On November 4, 2017, the dog was presented to Dr. Raper due to facial swelling for approximately 3 days. Complainant had giving the dog Benadryl once a day, Vitamin A and Vitamin D. He reported that the Benadryl did not help the dog and her appetite was decreased last evening. Upon exam, the dog had a weight = 73 pounds, a temperature = 104.3 degrees, a heart rate = 128bp and a respiration rate = 40rpm. Dr. Raper noted that the dog's muzzle was very swollen, submandibular lymph nodes were mildly enlarged and mucous membranes were slightly pale and tacky.

2. Dr. Raper suspected the swollen muzzle and fever were a result of an untreated allergic reaction, she was slightly concerned about the dog's mucous membranes being pale. She recommended blood work to rule out anemia, elevated white blood cells, or any other signs of organ dysfunction. According to Dr. Raper, the dog's platelet values were slightly decreased but this was a common finding with the in-house blood machine, as platelet numbers can be artificially decreased if there was clumping in the blood sample. The dog's liver values were also slightly elevated but Dr. Raper suspected that it could have been a result of prolonged untreated allergic reaction and immune-system stimulation. It was recommended rechecking the blood work in 2 weeks, if the values remained abnormal, additional diagnostics could be discussed. The dog was administered and discharged with the following:

- a. Dexamethasone Sodium Phosphate 4mg/mL, 1.5mL IM;
- b. Diphenhydramine 50mg/mL, 1mL Im
- c. Prednisone 20mg, 3 tablets; 1 tablet every 24 hours for 3 days starting 11/6/17; and
- d. Benadryl 50mg, every 12 hours for 5 days (recommended dose, OTC).

3. According to Complainant, when leaving the premises, the sunlight shined in a way on the dog that highlighted the dog's head illuminating what appeared to be two puncture wounds above the right eye. Complainant brought the dog back inside the premises and staff brought the dog to Dr. Raper advising her of Complainant's findings/concerns. According to Complainant, the dog was brought back minutes later by staff stating Dr. Raper did not think the lesions were from a snakebite. When asked what the treatment was for a snakebite, Complainant was told it was the same, prednisone and Benadryl.

4. Later that day, Dr. Raper had staff contact Complainant to get an update on the dog. Complainant reported that the swelling was down and the dog was well.

5. On November 18, 2017, the dog was presented to Dr. Polosetski to recheck snakebite. Complainant reported that the dog was doing good; eating and drinking well. Upon exam, the dog had a weight = 72 pounds, a temperature = 100.4 degrees, a heart rate = 130bpm and a respiration rate = 40rpm. Dr. Polosetski noted that the swelling had resolved with prednisone and

the dog likely had an allergic reaction. The dog was discharged with prednisone 20mg, 5 tablets, give 1 tablet once a day in an allergic reaction.

6. On December 15, 2017, the dog was presented to Dr. Raper due to lethargy and fever. Complainant reported that the dog had been lethargic with a fever for 2 weeks, had a slight cough since May, and coughs around two times a day. There was swelling at eyebrows and bridge of nose, and the dog had been pawing at eyes that morning. Complainant further stated that the dog had swelling near her medial canthi the week prior and an interdigital cyst returned/lesion under foot, however it responded to prednisone.

7. Upon exam, the dog had a weight = 71 pounds, a temperature = 104.1 degrees, a heart rate = 130bpm and a respiration rate = 50rpm. Dr. Raper noted mild crepitus in the left stifle – mild pain when squeezed; mildly enlarged submandibular lymph nodes; and no visible swelling on face or joints. Blood work and urinalysis was recommended and approved. In-house blood work revealed mildly elevated neutrophils and monocytes, as well as mildly elevated total protein, globulins and ALP. Urine was sent to an outside lab.

8. Due to the intermittent fever and no immediately apparent cause for the recurring fevers, Dr. Raper suspected that the dog had Familial Shar Pei Fever. She discussed with the Complainant that there is no definitive diagnostic test for the disease and diagnosis is typically made by excluding other causes of clinical signs. Since the disease can cause amyloidosis, which can cause kidney disease, Dr. Raper recommended starting the dog on colchicine to prevent amyloidosis. Complainant was concerned and unsure about starting the dog on a potentially lifelong medication without a definitive diagnosis therefore Dr. Raper printed out information of Shar Pei Fever and encouraged Complainant to do additional research. Dr. Raper wanted to start the dog on an NSAID since it was recommended for the cyclical fevers associated with Shar Pei Fever and ordered Complainant to stop the prednisone due to potential GI upset if the two are given together. The dog was discharged with the following:

- a. Rimadyl 100mg, 14 tablets; give ½ tablet orally every 12 hours as needed for fever; and
- b. Written Rx: Colchicine 0.6mg, 60 tablets; ½ tablet orally every 24 hours for 14 days, then ½ tablet orally every 12 hours lifelong – dosing would change depending if diarrhea occurred or not.

9. On December 18, 2017, Dr. Raper left a message for Complainant with the results of the urinalysis; results were normal.

10. On December 20, 2017, Dr. Polosetski spoke with Complainant on the phone after Complainant had sent an email the previous day with concerns about the dog. According to Complainant, the dog had a temperature = 103.4 degrees; facial lesions were worse, then better; and the dog had a decreased appetite. Dr. Polosetski thought the dog could possibly have pyoderma and requested Complainant to send a picture. Dr. Polosetski called in a prescription for Augmentin 500mg, 28 tablets; give 1 tablet twice a day for 14 days.

11. On January 6, 2018, Complainant called the premises reporting that the dog was coughing and he wanted to bring the dog in to be seen. Dr. Raper was the only doctor working that Saturday and had a full appointment schedule. Complainant typically would take at least a couple hours when in for an appointment therefore Dr. Raper could not add him to the

appointment schedule for that day. Complainant then asked if he could bring the dog in for a heartworm test as he was concerned this may be the cause of the cough and she had not had a heartworm test in a few years. Dr. Raper approved the heartworm test to be performed but had staff stress to Complainant that he would not see a doctor and would need to schedule an appointment for a later date to see one.

12. Later that day the dog came in for a 4DX. Complainant reported that the dog had a fever for a few weeks, was not feeling well and was vomiting with Rimadyl. He discontinued the Rimadyl and started the dog on prednisone again; the dog's fever resolved and her appetite improved. Dr. Raper refilled the prednisone and reminded Complainant not to give Rimadyl and prednisone together.

13. According to Complainant, shortly after that visit, Dr. Polosetski contacted him and told him to never return to the premises as Complainant was rude. Complainant disputed the claim and asserted that Shar Pei Fever should not be diagnosed without first testing for more common diseases like heartworm, Lyme disease, Valley Fever, etc. Dr. Polosetski agreed to run additional diagnostics.

14. On January 15, 2018, the dog was presented to Dr. Polosetski for diagnostics. Complainant reported that the dog was on prednisone, had not eaten that day, and when off prednisone the dog is lethargic. Upon exam, the dog had a weight = 69.2 pounds, a temperature = 103.8 degrees, a pulse rate = 90bpm and a respiration rate = 30rpm. Radiographs, blood work and urine culture were performed. No pathology was seen on radiographs; CBC showed mild non-regenerative anemia, hypochromic, mild monocytosis – possible iron deficiency or chronic disease. The dog was administered Iron Dextran, 3.1 mL IM.

15. On January 17, 2018, Dr. Polosetski reported to Complainant that urine culture was negative as well as the radiographs and Fever of Unknown Origin panel. Referral to a specialist was made and Complainant elected to go to UC Davis.

16. On January 30, 2018, the dog brought to UC Davis Veterinary Medical Teaching Hospital. A thorough exam with diagnostics was performed on the dog where she was hospitalized for several days. A definitive diagnosis was not identified and the dog was discharged with fluconazole (weak positive 1:1 IgG and pyogranulomatous inflammation was seen in the spleen).

17. On April 11, 2018, Complainant called and wanted to speak with a doctor about the dog; he refused to talk to front desk or technical staff.

18. Relief veterinarian, Dr. Retford returned Complainant's call. No notes in the medical record regarding the conversation. According to Dr. Polosetski, Dr. Retford told him that Complainant was rude and argumentative.

19. On April 17, 2018, Dr. Polosetski contacted Complainant and advised him that they would no longer have him as a client due to his rudeness to staff and doctors. The dog's medical records were provided to Complainant.

20. The dog returned to UC Davis VMTH for a recheck. According to Dr. Kopecny the dog continued to be febrile with persistent nodules on her skin. Additional testing was performed. Given the inability to pursue further testing, with no significant evidence of infectious disease as a cause of the dog's clinical signs, the dog was started on immunosuppressive therapy with prednisolone. She showed clinical and biochemical improvement, indicating her disease was most likely immune-mediated, though the source of the dog's immune-mediated disease was unable to be identified.

21. According to Complainant, while at UC Davis VMTH at a recheck appointment (3/29/18), the veterinarian stated the dog's illness was most likely the result of a snakebite as Complainant had declared from the beginning. This was not noted in UC Davis VMTH medical records.

COMMITTEE DISCUSSION:

The Committee discussed that they did not know why the relationship between Dr. Polosetski and Complainant was so contentious. Dr. Raper did not have any issues with Complainant other than he was a high maintenance client.

The Committee felt that Dr. Polosetski's work up of the dog was appropriate and when he finally dismissed Complainant as a client in April 2018, the dog was receiving care elsewhere.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

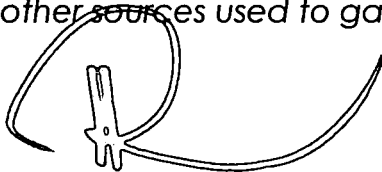
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division